

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:	Al	PI No. 15	
Name:		Spot Description:	
Address 1:		Sec T	wp S. R East West
Address 2:		Feet from	North / South Line of Section
City: State: 2	Zip: +	Feet from	East / West Line of Section
Contact Person:	Fo	ootages Calculated from Neare	est Outside Section Corner:
Phone: ()		□ NE □ NW □	SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.		County: Well #: Well #: (Date Well Completed: (Fact Agent's Name) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:	
Show depth and thickness of all water, oil and gas formation:			
Oil, Gas or Water Records		ord (Surface, Conductor & Produ	,
Formation Content Ca	asing Size	Setting Depth	Pulled Out

Plugging Contractor License #:	_ Name:
Address 1:	_ Address 2:
City:	State:
Phone: ()	
Name of Party Responsible for Plugging Fees:	
State of County,	, ss.
(Print Name)	Employee of Operator or Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.